CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Mr. Walter M.	OFFICE USE ONLY Date Received
NAME	NICKNAME LAST SUFFIX	10/31/11
	1,500	1 MAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2116 Avenue Q Huntsville TX	Date Hand-delivered or Postmarked
change of address	77340	Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 295.5149	Date Processed
6 CAMPAIGN TREASURER NAME	Ms/Mrs/Mr First Mi G.	Date Imaged
	NICKNAME Woodward	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREETADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE; 2116 AVENUE Q HUNTSVILLE TX	77340
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 295.5149	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 10 / 31	/ 2011
11 ELECTION	Month ELECTION DATE Year Primary Runoff Month / S /2011	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
	Councilmember Mayor	
	GO TO PAGE 2	

(512) 463-5800

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	alter M	Woodw	4Rd	15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	ÇANDIDATE / OFFICE	HOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAR	NADE BY POLITICAL COMMITTEES TO SUPPORT THE NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TR	EASURER NAME	
additional pages				<u> </u>
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS .	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THA TEES OF LÓANS), UNLESS ITEMIZ	\$ 678 <u>00</u>
		POLITICAL CONTRIE	BUTIONS S, OR GUARANTEES OF LOANS)	\$ 6/8° = 128° =
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITUR	ES OF \$100 OR LESS, UNLESS ITE	* 0.00
	4. TOTAL	POLITICAL EXPENDI	TURES	\$ 2,521 36
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIO DRTING PERIOD	NS MAINTAINED AS OF THE LAST	\$ 2,521 36 DAY \$ 6,375 94
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF A Y OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	
18 AFFIDAVIT				
* PURIFICATION OF THE PROPERTY	KRISTIN I. EDV NOTARY PU STATE OF TE COMM. EXP. NO	NARDS BLIC EXAS	is true and correct and includes a me under Title 15, Election Code	of perjury, that the accompanying report all information required to be reported by
AFFIX NOTARY STAM			Mas (1 mm)	1, , , ,
	scribed before a of Octob	,	, to certify which, witness	my hand and seal of office.
ME	8	Knistri	: Edward	Pepty City Seevel
Signature of officer adm	inistering oath	Printed name of o	officer administering oath	fitle of difficer administering oath

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Walte	r M. Woodward		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_Dr. Richard and Frances Co	ording	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10.20.11	6 Contributor address; City; State; Zip Code 245 Elkins Lake, Hunts	ville, TX	\$100.00	
		7570	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_ Jack and Debbie Choate	 ح	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	Contributor address; City; State; Zip Code 582 Elkins Lake, Huntsv 7	ille, IX 7340	\$100.00	
Dain single		Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ D'Anne Crews		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	2209 Avenue 5, Huntsvi	lle,TX 7340	\$100.00	
		· · · · · · · · · · · · · · · · · · ·		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Pull name of contributor out-of-state PAC (ID#_Dr. Tommy and Path: Sue December 2007) Contributor address; City; State; Zip Code	Pavis	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	3820 Summer Lane, Hunt	sville.TX	# 100. 00	i pf Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		Trocas, complete conceant 17
Date	Full name of contributor out-of-state PAC (ID#_ Steve and Leslie Fox		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	316 Elkins Lake, Hunt	sville, TX 7340	#100.	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
l				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
Walter M. Woodward	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor ' out-of-state PAC(ID#) Thomas Leeper	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
10.20.11 6 Contributor address; City; State; Zip Code 1924 Avenue N'12, Huntsville, TX 77340	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor out-of-state PAC(ID#) Dr. Patrick and Bobbe Nolan	Amount of In-kind contribution contribution (\$) description (if applicable)
10.24.11 Contributor address; City; State; Zip Code 3348 Winter Way, Huntsville, TX	#100.00
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC(ID#) Brian E. Olsen	Amount of In-kind contribution contribution (\$) description (if applicable)
10.13.11 Contributor address; City; State; Zip Code 2.115 Avenue O, Huntsville, TX	#100.00
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Full name of contributor out-of-state PAC (ID#) Frank Robinson Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
10.13.11 1627 Avenue Q, Huntsville, TX	₩ / 00.00 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	· · · · · · · · · · · · · · · · · · ·
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
10.20.11 408 FM 1791 N. Huntsville, TX 77320	\$250.°°
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	ASNEEDED

P.O. Box 12070 (TDD 1-800-735-2989) Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) Walter M. Woodward 5 Full name of contributor In-kind contribution 7 Amount of description (if applicable) Mike and Carol Park 6 Contributor address; City; State; Zip Code #100,00 /0. 3.*11* 1305 SH 75 N, Huntsville, TX (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Amount of In-kind contribution Dr. Bob and Colleen Marks Contributor address; City; State; Zip Code 764 Elkins Lake, Huntsville, TX description (if applicable) contribution (\$) (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Walt and Phyllis Pinegar Contributor address; City; State; Zip Code contribution (\$) description (if applicable) P.O. Box 182, Huntsville, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution contribution (\$) description (if applicable) Kermit and Dorothy Cummings Contributor address; City; State: Zip Code 217 Magnolia Way, Huntsville, Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ut-of-state PAC (ID# Amount of In-kind contribution Rick Hanna Contributor address; City; State; Zip Code contribution (\$) description (if applicable) P.O. Box 25, Huntsville, TX (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Walter M. Woodward	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 Full name of contributor \(\bigcup_{\text{out-of-state PAC(ID#}}\) Joe and Winnie Sandel	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
10.12.11 6 Contributor address; City; State; Zip Code	#100.00
16 Elkins Lake, Huntsville, IX 77340	(If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	Instructions)
Date Full name of contributor out-of-state PAC(ID#:) James Chandler	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code	# 100.00
12063 E. OSR, Hearne, TX 77859-8215	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC (ID#) Sam Burris	Amount of In-kind contribution contribution (\$) description (if applicable)
10.18.11 63 Elkins Lake, Huntsville, TX	\$100.00
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T)
Date Full name of contributor out-of-state PAC(ID#) Judy Burrs Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
10.18.11 Contributor address; City; State; Zip Code 63 Elkins Lake, Huntsville, TX	#100,00
77340	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Dale and Donna Story	Amount of In-kind contribution contribution (\$) description (if applicable)
10.19.11 95 Elkins Lake, Huntsville, TX	#200.00
Principal occupation / Job title (See Instructions) Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME Walter M. Woodward	3 ACCOUNT # (Ethics Commission Filers)
David and reggy 5mith Contributor address; City; State; Zip Code 104 Wood Forest Lane, Huntsville, TX 77340	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) # 100.00 (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	mstructions)
Date Full name of contributor out-of-state PAC(ID#) Kay A. Crews Contributor address; City; State; Zip Code 11700 Preston Road, #660-254	Amount of In-kind contribution contribution (\$) description (if applicable)
Dallas, TX 75230-2739	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC(ID#) Kelly A. Crews Contributor address; City; State; Zip Code 15251 S. 50th St., Apt. 1089 Phoenix, AZ 85044-9111	Amount of contribution (\$) In-kind contribution description (if applicable) # 100.00 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC(ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation./ Job title (See Instructions) Employer (See	
Date Full name of contributor out-of-state PAC(ID#: Kathy Kernek Contributor address; City; State; Zip Code 236 Royal Oaks, Huntsville, TX 77320	Amount of In-kind contribution contribution (\$) description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See	· · · · · · · · · · · · · · · · · · ·

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME Walt	er M. Woodward		3 ACCOUNT # (E	thics Commission Filers)
4 Dale	5 Full name of contributor ' out-of-state PAC(ID#:_ Jennifer Davis	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10.20.11	6 Contributor address; City; State; Zip Code		#100.°°	
	1720 22nd Street, Hunt	1340	<u> </u>	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	Contributor address; City; State; Zip Code 1626 Banks, Houston,	τ_{X}	#200.°°	
	77006-602		(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (10#_	ht	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	Contributor address; City; State; Zip Code 2320 Avenue S. Hunts	ville,	#100.00	
	TX 77340	7	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor uni-of-state PAC (10#_	bert	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11	389 Elkins Lake, Hun	11301110,	\$100.00	[
	7734 TX 7734	,		I of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Genevieve Sandhop		Contribution (4)	description (ii applicable)
10.20.11	Contributor address; City; State; Zip Code 1625 15th Street, Hum	Ateville.	\$200.00	<u> </u>
	1025 12Th 11201, 11W	340	(III beauty) and a little	Tavas 'assaslata Caba tata Ta
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Lift by kinn	and the state of t	The second second		
if c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see insti			requirements.

0. Box 12070 Austin, Texas 767 11-20

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	<u> </u>		
The instruction Guide explains how to complete this fo	orm.	1 Total pages Sch	edule A: 10
2 FILER NAME Walter M. Woodward	·	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor ' out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Tom and Patsy Freeman 10.7.11 6 Contributor address; City; State; Zip Code		4	
4119 SH 30 W., Huntsville	$\sqrt{7}\chi$	\$300.°°	
7/134	F 0	(If travel outside o	f Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) 10) Employer (See li	nstructions)	
Date Full name of contributor out-of-state PAC(ID#:		Amount of	In-kind contribution
Maureen McIntyre & Buddy	Aber	contribution (\$)	description (if applicable)
Contributor address; City; State; Zip Code		400	
10.10.11 500 Hickory, Huntsville, T	X 77320	\$100.00	
Delegian Languagian / Joh Hitle (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (Gee ii	· ·	
Date Full name of contributor ☐ out-of-state PAC (ID#:		Amount of	In-kind contribution
Dr. James and Nancy Gaer	tner	contribution (\$)	description (if applicable)
Contributor address: City: State: Zip Code		/ 00	
10.10.11 101 Colorado, Apt. 2309, A	ustin,	\$100.00	• v
7X 787	701	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	A STATE OF THE STA		
Date Full name of contributor out-of-state PAC(10#	4	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		400000	
106 lurtle Creek Lircle, H	untsville,	\$ 200.°°	
1 1 1 1 1 1 1 1 1 1	40	/If traval autalida a	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	nstructions)	
. Date Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10 2011 Paul and Cindi Loeffler		contribution (\$)	description (if applicable)
Contributor address; City; State; Zip Code	73/	\$100.00	
128 Royal Oaks, Huntsville			
Principal acquestion / leb title (See Instructions)			f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Ir	istructions)	
	- July		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

OTHER	THAN PLEDGES OR LOAN			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Walt	er M. Woodward		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ' out-of-state PAC (ID#_)	· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10.20.11	6 Contributor address; City; State; Zip Code 3771 Spring Drive, Hun TX 7734	tsuille.	\$100.00	
	J TX 7734	0-8941	(If travel outside o	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Doyleand Dell McAda	(ms	Amount of contribution (\$)	In-kind contribution description (if applicable)
/0.11.11	Contributor address: City; State; Zip Code D. O. Box 7577, Huutsvi 17342-757	lle, TX	\$100.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See !	nstructions)	
Date	Full name of contributor out-of-state PAC(IDI:_Bobby and Karen Contributor address; City; State; Zip Code	ray	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.11.11	74 Pinecrest, Hunts	ville,	\$100.00	· · · · · · · · · · · · · · · · · · ·
	/ X 77320			of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Darvel and Kay Care Contributor address; City; State; Zip Code	nes	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.12.11	186 Elkins Lake, Hun TX 77340	tsville,	\$100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(IDI:	1	Amount of	In-kind contribution
	Frank and Maria H Contributor address; City; State; Zip Code	folmes	contribution (\$)	description (if applicable)
10.12.11	901 Elkins Lake, Hun	tsville,	#100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instr			requirements.

SCHEDULE A

	At a control of the c	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	er M. Woodward	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC(ID#-	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
10.20.11	6 Contributor address; City; State; Zip Code 814 Elkins Lake, Huntsville,	(If travel outside of Texas, complete Schedule T)
		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
10.3.(1	contributor address; City; State; Zip Code 924 Elkins Lake, Huntsville	, \$100.00
Principal occup	TX 77340 pation / Job title (See Instructions) Employe	(If travel outside of Texas, complete Schedule T) or (See Instructions)
Date	Full name of contributor out-of-state PAC (IC#: John and Seanie Mc Mann Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description (if applicable)
9.30.11	Contributor address; City; State; Zip Code 649 Elkins Lake, Huntsvill	e, #100.00
, ,	pation / Job title (See Instructions) Employee	, (If travel outside of Texas, complete Schedule T) er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
9.30.11	241 Hickory Drive, Huntsv	ille, #100.00
Principal occup	pation / Job title (See Instructions) Employe	(If travel outside of Texas, complete Schedule T) er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Harley and Marge Rex	Amount of In-kind contribution contribution (\$) description (if applicable)
10.20.11	Contributor address; City; State; Zip Code 431 Palm Street, Huntsvil 70 77340	(If travel outside of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions) Employe	er (See Instructions)
lf c	ATTACH ADDITIONAL COPIES OF THIS SCH	

SCHEDULE A

			·
The Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Walter M. Woodward		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC(ID#:	fiths	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
10.20.11 6 Contributor address; City; State; Zip Code 930 Elkins Lake, Hunt	. , . ,	\$100.00	
TX 77340		(If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)	10 Employer (See i	nstructions)	
Date Full name of contributor out-of-state PAC(ID#_	iles	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.20.11 George and Beth M Contributor address; City; State; Zip Code 673 Elkins Lake, Hun	teville.	\$200.00	
6/3 EIRINS Lake, 11Wh	0	//f travel exteldo	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		or rexas, complete scredule 1/
Dale Full name of contributor out-of-state PAC (ID#_W.G. and Marian Mc)c	onald	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.21.11 467 Elkins Lake, Hunt	sviller	#100.00	
1X 77340		·	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor Ordon and Genevieu Contributor address; City; State; Zip Code	re. Brown	Amount of contribution (\$)	In-kind contribution description (if applicable)
10.25.11 364 Elkins Lake, Hunt	tsville.	#100.°°	1 1
X //3	70		of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
Dr. Tom and Sue Ann F	Rushing	contribution (\$)	description (if applicable)
10.26.11 Contributor address; City; State; Zip Code 2800 Aberdeen, Hunts	ville, 1X	\$300.00	
773	40	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See I		
Acceptance of the Company of the Com	· · · · · · · · · · · · · · · · · · ·	Z Maria dinambandan	
ATTACH ADDITIONAL COPIES OF			requirements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense	•		Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr		Transportation Equipment & Related E. Contributions/Donations Made By	xpense
Consulting Expense Event Expense	Polling Expense Travel in District Polling Expense Travel Out Of		Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee
Fees			OTHER (enter a category not listed at	bove)
	The Instruction Guide explains how	to complete this form	m	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commissi	ion Filers)
	Walter M. Woodward	<u>L</u>		
4 Date	5 Payee name			
10.17.11	KSAM Radio			
6 Amount (\$)	7 Payee address; City; State; Zip Code	1 77. 77.	/ -	
\$1,385.°°	622 I-45 S., Huntsvill	le, 1X 7/2	340	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description ((If travel outside of Texas, complete Schedule T	Γ)
OF EXPENDITURE	Advertising	Radio	Ada	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office field	
Date	Payee name			
10.24.11	KSAM Radio			
Amount (\$)	Payee address; City; State; Zip Code			
\$230.00	622 I.45 S., Huntsvil	le, TX 77	3 <i>40</i>	
PURPOSE	Category (See categories listed at the top of this schedule)		If travel outside of Texas, complete Schedule T	r)
OF EXPENDITURE	Advertising	Radio	Ads	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10.25.11	Huntsville Item Payee address; City; State; Zip Code			
Amount (\$)	Payee address; City; State; Zip Code		,	
\$247.5°	1409 10th Street, Hun	ntsville, T	X 77320	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	If travel outside of Texas, complete Schedule T	-)
OF	Advertising	Nouspa	per Ads	
EXPENDITURE	2	•		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T	-1
OF	Odiogoty (odd ddiogotiou iniciae)		THEY CANCIAGO OF TOXICLE COMPANY CONTRACTOR	<i>'</i>
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	IEEDED	

P.O. Box 12070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Walter M. Woodward 3 ACCOUNT # (Ethics Commission Filers)		
4 Date 10. 4.11	5 Payee name Huntsville Item		
6 Amount (\$) # /30. Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1409 10th Street, Huntsville, TX 77320		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Adverting (b) Description (If travel outside of Texas, complete Schedule T) The Candidate's Listing		
Date 10. 5.11	Office Depot		
Amount (\$) #17.44 Reimbursement from political contributions intended	Payee address; City: State: Zip Code 133 I-45 N., Huntsville. TX 77320		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/Printing Expense Invitations Description (If travel outside of Texas, complete Schedule T) Invitations		
Date 10.12.11	U.S. Post Office		
Amount (\$) # (6 (c) Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1315 10th Street, Huntsville. TX 77320		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other Description (If travel outside of Texas, complete Schedule T) Postage		
Date /0.14.11	Texas Prison Museum		
Amount (\$) # 230.00 Reimbursement from political contributions inlended	Payee address; City: State; Zip Code 491 Hwy 75 N., Huntsville, TX 77320		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT Expense Reception Category (See categories listed at the top of this schedule) Reception		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a) Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Contributions/Donations Made By
Candidate/Officeholder/Political Committee Food/Beverage Expense Travel In District Consulting Expense Travel Out Of District Event Expense Polling Expense OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date Brookshire Brothers 10.17.11 City; State; Zip Code 6 Amount (\$) #41 45 2601 14h Street, Huntsville, TX 77340 Reimbursement from political contributions (b) Description (if travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) PURPOSE Refreshments OF EXPENDITURE Food/Beverage Expense Wally's Party Factory Date 10.17.11 Amount (\$) #30.92 1530 11th Street, Huntsville. TX 77320 Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Food/Beverage Expense Paper Goods for Refreshments EXPENDITURE Huntsville Item 10.19.11 Amount (\$) City: State: Zip Code #82.50 1409 10th Street, Huntsville, TX 77320 Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) **PURPOSE** The Voter's Guide Advertising EXPENDITURE Brookshire Brothers 10.20.11 Amount (\$) # 35.67 11th Street, Huntsville, TX 77340 Reimbursement from political contributions intended Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Refreshments Food/Beverage Expense EXPENDITURE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel Ou	/ages/Contract Labor n/Fundraising Expense District t Of District or District OTHER (enter a category not listed above) Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10. 24,11	U.S. Post Office		
6 Amount (\$) #25.08 Reimbursement from political contributions intended	7 Payee address; City: State; Zip Code 1315 10th Street, Huntsville, TX 77320		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) Postage	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	ode	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	le) Description (If travel outside of Texas, complete Schedule T)	
Date	Рауее пате		
Amount (\$)	Payee address; City; State; Zip C	ode	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	le) Description (If travel outside of Texas, complete Schedule T)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip C	ode	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedu	le) Description (If travel outside of Texas, complete Schedule T)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			